

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	4					
9	4					
10	4					
11	4					
12	4					
13	4					
14	4					
15	4					
16	4					
17	4					
18	4					
19	4					
20	1					
21	4					
22	4					
23	4					
24	4					
25	4					
26	4					
27	4					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	3					
36	3					
37	3					
38	3					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46						
47						
48						
49						
50						
TOTAL IND.	11					
TOTAL DEP.	99	↔	↔	↔		
TOTAL CLAIMS	10					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
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58								
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97								
98								
99								
100								
TOTAL IND.			↔			↔		↔
TOTAL DEP.			↔			↔		↔
TOTAL CLAIMS								